



Mobile/Manufactured Home Demolition Information

In order to be reimbursed for the disposal of your home, the Office of Manufactured Housing must receive a copy of the bill or payment receipt from the company that performed the service, and a certificate of demolition.

Disposal/demolition procedures for a mobile/manufactured home vary from jurisdiction to jurisdiction. To find out what the requirements are for your jurisdiction, you or your contractor can contact:

PERMITS and CERTIFICATIONS

- The city building department if you live within city limits; or
- The county building department if you live outside the city limits
 - Phone number can be found in the city or county government listings in the telephone directory

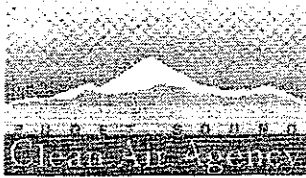
ASBESTOS DETECTION/DISPOSAL

- The nearest Clean Air Agency office
 - www.pscleanair.org or call 1-800-552-3565 or 206-343-8800

GENERAL INFORMATION and DEMOLITION DOCUMENTATION

- Department of Labor and Industries (L&I)
 - Phone number can be found in the city or county government listings in the telephone directory

Please call the Office of Manufactured Housing if you have questions
1-800-964-0852 inside Washington State, or (360) 725-2971



BEFORE YOU START CHECK FOR ASBESTOS

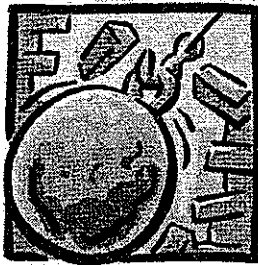
Working Together For Clean Air

www.pscleanair.org • 110 Union St – 500 Seattle, WA 98101-2038 • p 206.343.8800 f 206.343.7522

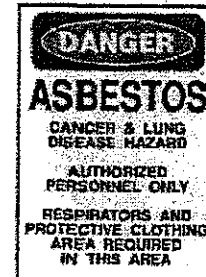
Definition of demolition

Demolition means wrecking, razing, leveling, dismantling or burning of a structure, making the structure permanently uninhabitable or unusable.

You cannot legally start any demolition project or most renovation projects until certain asbestos requirements are met ...



Demolition Procedures



☐ Conduct an asbestos survey.

The survey must be conducted by an AHERA-certified building inspector. (AHERA stands for Asbestos Hazardous Emergency Response Act.) These inspectors are listed in the phone book yellow pages under "Asbestos Consulting and Testing."

☐ File a Notice of Intent.

A completed Notice of Intent form and fee must be filed with the Puget Sound Clean Air Agency before demolition begins.

☐ Properly remove asbestos.

All asbestos-containing materials identified in the AHERA survey must be removed from the structure by an asbestos contractor prior to demolition.

For more information

This document contains only a summary of asbestos requirements. For full details and to obtain asbestos forms, instructions, regulations or other questions, contact the Puget Sound Clean Air Agency at www.pscleanair.org, or call 206-343-8800 or 1-800-552-3565. Failure to comply with asbestos requirements may result in penalties.

Note to contractors

Check with L&I for additional requirements at www.lni.wa.gov, or call:

Bremerton
(360) 415-4000

Everett
(425) 290-1300

Seattle
(206) 515-2800

Tacoma
(253) 596-3800

Renovating? See other side... ↓



BEFORE YOU START CHECK FOR ASBESTOS

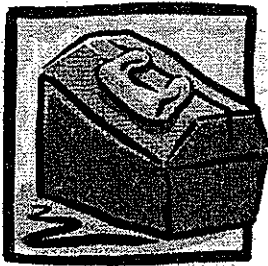
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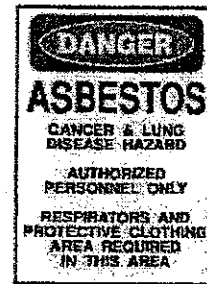
Definition of renovation

Renovation means altering a facility or a component in any way, except demolition.

You cannot legally start most renovation projects or any demolition project until certain asbestos requirements are met ...



Renovation Procedures



☐ Conduct an asbestos survey.

For almost all structures, an AHERA-certified building inspector must perform the survey. (AHERA stands for Asbestos Hazardous Emergency Response Act.) The only exception is for owner-occupied, single-family, non-multiple-unit dwellings where owners may conduct their own survey for suspect asbestos-containing materials (ACM). If ACM are found, they must be avoided (not disturbed) or properly removed prior to the renovation.

☐ File a Notice of Intent.

If any friable ACM is going to be removed from the structure, a completed Notice of Intent form and fee must be filed with the Puget Sound Clean Air Agency.

☐ Properly remove asbestos.

Abatement work must be performed by a certified asbestos contractor, except homeowners may perform asbestos removal work in their owner-occupied, single-family, non-multiple-unit dwellings. Homeowner instructions are available from the Puget Sound Clean Air Agency for removal of popcorn ceilings, sheet vinyl flooring, and cement-asbestos board siding.

For more information

This document contains only a summary of asbestos requirements. For full details and to obtain asbestos forms, instructions, regulations or other questions, contact the Puget Sound Clean Air Agency at www.pscleanair.org, or call 206-343-8800 or 1-800-552-3565. Failure to comply with asbestos requirements may result in penalties.

Note to contractors

Check with L&I for additional requirements at www.lni.wa.gov, or call:

Bremerton
(360) 415-4000

Everett
(425) 290-1300

Seattle
(206) 515-2800

Tacoma
(253) 596-3800

COMPLIANCE ASSISTANCE PROGRAM

SPOKANE COUNTY AIR POLLUTION CONTROL AUTHORITY

Info



Renovation, Demolition, and Asbestos

Background

On March 12, 1998, new asbestos regulations became effective throughout Spokane County. This information sheet is provided by the Spokane County Air Pollution Control Authority (SCAPCA) as a brief summary of SCAPCA's regulations pertaining to renovation and demolition activities. The following information is a quick overview and is not intended to be a substitute for SCAPCA regulations.

Basic Requirements for Commercial Renovation and All Demolition

A survey for asbestos-containing material (ACM) must be performed by an Asbestos Hazardous Emergency Response Act (AHERA) inspector prior to undertaking a renovation or demolition project. A copy of the asbestos survey must be made available for SCAPCA inspection personnel at all times at the project site.

In addition, SCAPCA must be notified in advance, on its agency-supplied forms, of any asbestos project (construction, demolition, renovation, repair, or maintenance) and whenever a structure will be demolished.

SCAPCA's regulations define a demolition project as the wrecking, razing, leveling,

dismantling, or burning of a structure (by a fire department for training purposes), thereby making the structure permanently uninhabitable or unusable. A fee must accompany the notification.

Only those persons certified by the Washington State Department of Labor and Industries (L&I) may strip, remove or disturb ACM. ACM must be removed in accordance with applicable regulations and must be disposed of at approved waste disposal sites.

A copy of the asbestos survey, notification and all amendments to the notification must be made available for SCAPCA inspection personnel at all times at the asbestos project or demolition site.

Basic Requirements for Residential Renovation

An asbestos survey is required prior to renovation activities. Asbestos surveys associated with the



renovation of an Owner-Occupied, Single-Family Residence need not be performed by an AHERA building inspector for SCAPCA, however L&I does require an AHERA survey with this type of renovation.

Continued on reverse side

Helping Businesses Reduce Air Pollution In Spokane County

SCAPCA does not require a Notice of Intent or fees be submitted for Owner-Occupied, Single-Family Residence renovation.

An Owner-Occupied, Single-Family Residence is one that the owner of the home lives in both prior to and after renovation activities. The term does not include rental property, multiple-family units, and mixed-use structures that contain a residential unit.



All ACM must be removed and disposed of in accordance with SCAPCA regulations, and if applicable, by persons trained in accordance with L&I standards.

Additional Requirements

In addition to SCAPCA requirements, most building departments require a renovation and demolition permit (separate from SCAPCA's Notice of Intent). L&I has asbestos survey, notification, and removal standards (WAC 296-62, 296-65, and 296-155) and the local Fire Marshal may also require notification for asbestos removal (Uniform Fire Code section 8707). Rather than requiring a separate notification form, the Fire Department requests that a copy of the L&I notice of Intent to Remove or Encapsulate Asbestos be faxed to them at (509) 625-6995. Please contact the appropriate agency for additional information. Telephone numbers for these entities are listed in the telephone book under government listings.

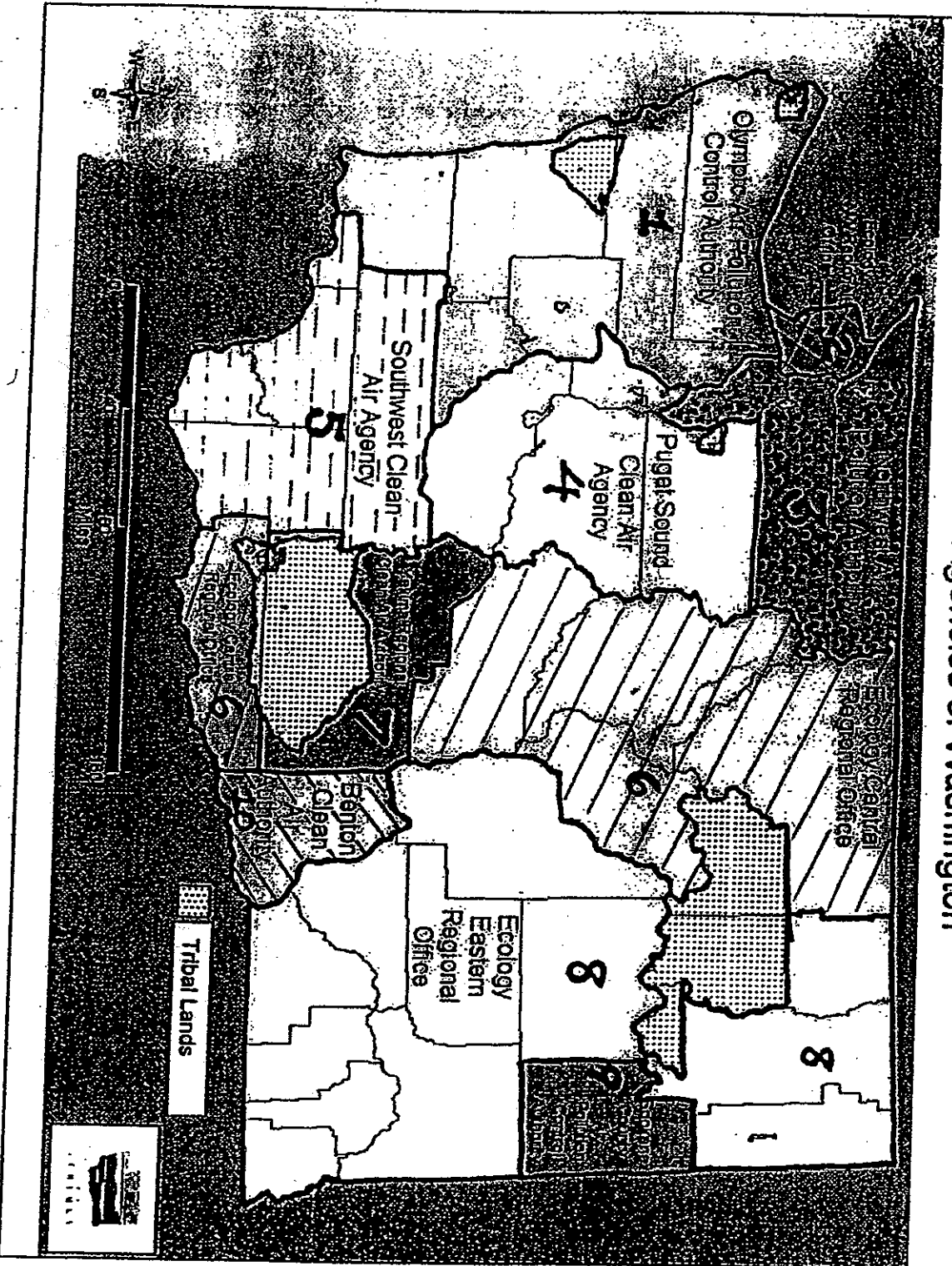
About SCAPCA

SCAPCA was established in 1969 under the authority of the Washington Clean Air Act. SCAPCA is a local governmental entity responsible for regulating the release of pollution to the outside air. The agency enforces federal, state, and local air pollution regulations in the incorporated and unincorporated areas of Spokane County.



For more information about SCAPCA and air quality requirements, please call 477-4727, Monday-Friday, 8 a.m.- 4:30 p.m., or visit the SCAPCA web site at www.scapca.org.

Clean Air Agencies of Washington



Sources of Information about Air Pollution in Washington State

1.	Olympic Air Pollution Control Authority (Clallam, Grays Harbor, Jefferson, Mason, Pacific, Thurston Counties) 909 Sleater-Kinney Road SE, Suite 1 Lacey WA 98503-1128 Richard Stedman, Executive Director Telephone: (360) 438-8768 or 1-800-422-5623 Fax: (360) 491-6308; E-mail: info@oapca.org Internet: http://www.oapca.org	2.	Department of Ecology – Northwest Regional Office (San Juan County) 3190-160 th Avenue SE Bellevue WA 98008-5452 Telephone: (425) 649-7000 Fax: (425) 649-7098, TDD: (425) 649-4259
3.	Northwest Air Pollution Authority (Island, Skagit, Whatcom Counties) 1600 South Second Street Mount Vernon, WA 98273-5202 James Randies, Air Pollution Control Officer Telephone: (360) 428-1617 Telephone: 1-800-622-4627 (Island & Whatcom) Fax: (360) 428-1620; E-mail: info@nwair.org Internet: http://www.nwair.org	4.	Puget Sound Clean Air Agency (King, Kitsap, Pierce, Snohomish Counties) 110 Union Street, Suite 500 Seattle, WA 98101-2038 Dennis J. McLerran, Air Pollution Control Officer Telephone: (206) 343-8800 or 1-800-552-3565 1-800-595-4341 (Bum Ban Recording) Fax: (206) 343-7522; E-mail: pscleanair.org Internet: http://www.pscleanair.org
5.	Southwest Clean Air Agency (Clark, Cowlitz, Lewis, Skamania, Wahkiakum Counties) 1308 NE 134 th Street Vancouver, WA 98685-2747 Robert D. Elliott, Executive Director Telephone: (360) 574-3058 or 1-800-633-0709 Fax: (360) 576-0925; E-mail: webmaster@swcleanair.org Internet: http://www.swcleanair.org	6.	Department of Ecology – Central Regional Office (Chelan, Douglas, Kittitas, Klickitat, Okanogan Counties) 15 West Yakima Avenue, Suite #200 Yakima, WA 98902-3401 Telephone: (509) 575-2490 Fax: (509) 575-2809, TDD: (509) 454-7673
7.	Yakima Regional Clean Air Authority 6 South 2 nd Street, Room 1016 Yakima, WA 98901 Les Omelas, Director Telephone: (509) 574-1410 or 1-800-540-6950 Fax: (509) 574-1411; E-mail: info@yrcaa.org Internet: http://www.co.yakima.wa.us/cleanair	8.	Department of Ecology – Eastern Regional Office (Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Stevens, Walla Walla, Whitman Counties) 4601 N. Monroe Street, Suite 202 Spokane, WA 99205-1295 Telephone: (509) 456-2926 Fax: (509) 456-6175, TDD: (509) 458-2055
9.	Spokane County Air Pollution Control Authority 1101 West College Ave, Suite 403 Spokane, WA 99201 Eric Skelton, Director Telephone: (509) 477-4727 Fax: (509) 477-6828; E-mail: publicinfo@scapca.org Internet: http://www.scapca.org	10.	Benton Clean Air Authority 114 Columbia Point Drive, Suite C Richland, WA 99352 Dave Lauer, Director Telephone: (509) 943-3396 Fax: (509) 9443-0505 or 943-2232; E-mail: email@bcaa.net Telephone: (509) 945-4489 (Bum Ban Recording) Internet: http://www.bcaa.net
<p>Department of Ecology – Air Quality Program PO Box 47600, Olympia, WA 98504-7600 Telephone: (360) 407-6800 Fax: (360) 407-7534, TDD: (360) 407-6006 Internet: http://www.ecy.wa.gov/programs/air/airhome.html</p> <p>Department of Ecology Southwest Regional Office, PO Box 47775, Olympia, WA 98504-7775 Telephone: (360) 407-6300 – Fax: (360) 407-6305, TDD: (360) 407-6006</p>			
<p>Pulp Mills, Aluminum Smelters Department of Ecology – Industrial Section PO Box 47600, Olympia, WA 98504-7600 Telephone: (360) 407-6916 Fax: (360) 407-6902</p>			

If you need this document in another format, please contact Ecology's Air Quality Program at (360) 407-6800 (Voice) or (360) 406-6006 (TDD). Ecology is an Equal Opportunity Employer

Agency Case No.	SPOKANE COUNTY AIR POLLUTION CONTROL AUTHORITY 1101 West College, Suite 403, Spokane, WA 99201 NOTICE OF INTENT TO PERFORM:	Date Received
Agency Use Only		Agency Use Only

A. Project Type:	1. <input type="checkbox"/> Asbestos Removal	2. <input type="checkbox"/> Asbestos Removal & Demolition	3. <input type="checkbox"/> Demolition, No Asbestos Removal
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B. Property Owner:	Phone: ()
Property Owner's Mailing Address:	City: State: Zip:

C. Asbestos Contractor:	Contractor Owner/CEO:
Mailing Address:	Phone: ()
City:	State: Zip: Fax: ()
Contractor Job No.:	

D. Site Address:	City:	State:	Zip:
Project Manager or Contact Person:	Phone: ()		

E. <input type="checkbox"/> Asbestos Survey or <input type="checkbox"/> Mat'l Presumed:	No. of Structures:	Date Survey was Conducted:	Was Asbestos Found? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> If No, Attach Survey
AHERA Building Inspector Name: <small>AN AHERA SURVEY IS REQUIRED BEFORE ALL DEMOLITION PROJECTS EXCEPT AS PROVIDED BY RCW 32.12.150(9)</small>	Certification No.:		Expiration Date:

F. Demolition Information:	No. of Structures:	Start Date:	<input type="checkbox"/> Training Fire (List Fire Dept. as demolition contractor below) <input type="checkbox"/> Ordered Demolition (attach copy of Order)
Demolition Contractor:	<small>PRINT NAME HERE. ENTER MAILING ADDRESS IN BOX J ON BACK. IF TRAINING BURN ENTER FIRE DEPT. HERE</small>		
			Phone: ()

G. Asbestos Project Information:	No. of Structures: (see back if > 1)	Start Date:	Completion Date:	Wk Days: M T W Th F Sa S Hours:
Total Quantity to be Removed:		Linear Ft.	Square Ft.	Will all asbestos material be removed by project completion? <input type="checkbox"/> Y <input type="checkbox"/> N
Thermal System Insulation:	<input type="checkbox"/> Boiler/Furnace Ins.	<input type="checkbox"/> Duct Ins.	<input type="checkbox"/> Pipe Ins.	Other:
Surfacing Mat'l:	<input type="checkbox"/> Fireproofing	<input type="checkbox"/> Plaster	<input type="checkbox"/> Textured Coatings	Other:
Misc. Mat'l:	<input type="checkbox"/> Cement Bd.	<input type="checkbox"/> Cement Pipe	<input type="checkbox"/> Flooring Mat'l	<input type="checkbox"/> Roofing Mat'l

H. Asbestos/Demolition Project Categories:	Notification Waiting Period	Project Fee NON-REFUNDABLE
1. <input type="checkbox"/> Owner-Occupied Residential Asbestos Removal & Demolition Project	Prior Notice	\$25
<input checked="" type="checkbox"/> Owner-Occupied Residential Demolition Project, No Asbestos Removal	10 Days	\$150
2. <input type="checkbox"/> All Other Demolitions With No Asbestos Removal Project	3 Days	\$150
3. <input type="checkbox"/> 10 - 259 linear feet or 48 - 159 square feet (see back of form for options)	10 Days	\$300
4. <input type="checkbox"/> 260 - 999 linear feet or 160 - 4,999 square feet	10 Days	\$750
5. <input type="checkbox"/> 1,000 - 9,999 linear feet or 5,000 - 49,999 square feet	10 Days	\$1,500
6. <input type="checkbox"/> > 10,000 linear feet or > 50,000 square feet	Prior Notice	Twice Project Fee
7. <input type="checkbox"/> Emergency Asbestos Project or <input type="checkbox"/> Emergency Demolition Project	10-Day Review Period	Twice Project Fee
8. <input type="checkbox"/> Alternate Means of Compliance for friable materials or <input type="checkbox"/> Demolitions	Concurrent with Project	Twice Project Fee
9. <input type="checkbox"/> Alternate Means of Compliance for nonfriable asbestos materials		

I. I do hereby certify that the information contained in this notification, and supplemental data described herein, is to the best of my knowledge accurate and complete. I shall not cause or allow any asbestos project or demolition activities to begin until the appropriate waiting period has elapsed.	Completeness Reviewed By:
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Signature _____</div> <div>Representing _____</div> <div>Date _____</div> </div>	Agency Use Only

The Spokane County Air Pollution Control Authority (SCAPCA) is the local air pollution authority for Spokane County. SCAPCA Regulation I, Article IX and Article X, Section 10.09, requires advance notification be submitted to SCAPCA, on an Authority approved form for any asbestos project involving materials equal to or greater in size than 10 linear feet or 48 square feet and for any demolition project regardless of asbestos content, involving structures with a projected roof area greater than 120 square feet. Notices of Intent should be mail or hand delivered to SCAPCA (address on reverse side) with the appropriate project fee. A SCAPCA representative will review notification, and if it is completed correctly, a copy will be returned by mail to the mailing address entered in box C and box J. The return copy will be your valid notification. Asbestos and demolition projects involving materials and structures below the notification thresholds listed above are still subject to all other requirements of SCAPCA Regulation I, Article IX and Article X, Section 10.09.

J. Demolition Contractor:		<small>PLEASE PRINT CLEARLY, THIS WILL BE YOUR RETURN MAILING LABEL.</small>		Owner/CEO:	
Mailing Address:			Phone: ()		Contractor Job No.:
City:	State:	Zip:	Fax: ()		

GUIDELINES FOR SUBMITTING AN ASBESTOS/DEMOLITION NOTIFICATION

Box A. Check the appropriate project type.

Box B. Enter the legal property owner information.

Box C. Enter the asbestos contractor and mailing address or other properly trained company or person performing the asbestos project. Contact the Washington State Dept. of Labor & Industries or OSHA for worker training/certification requirements.

Box D. Enter the project site address for the asbestos project or demolition. Include a designated project manager or contact person.

Box E. Check asbestos survey or material presumed. If asbestos survey is checked, fill out all information requested. Except as provided in Article IX, Section 9.03, all demolition with or without an asbestos removal must have an asbestos survey performed by an AHE Building Inspector. Demolition with no asbestos discovered in the survey must submit a copy of the survey along with the notification. Asbestos removal projects only may check the material presumed box if all materials are to be removed and disposed of as asbestos-containing materials in accordance with SCAPCA Regulation I, Article IX and Article X, Section 10.09.

Box F. Enter the demolition project information. If the structure is to be used in a training fire, list the fire department responsible conducting the burn as the demolition contractor in box J. If the property owner has been ordered to perform a demolition by government official, submit a copy of the order from the appropriate official.

Box G. Enter all asbestos project information requested. All multiple structure asbestos project notifications must be submitted with a map including a map of the area, site address for each structure, type and amount of asbestos in each structure, and a detailed work schedule.

Box H. Check one project category in boxes #1-6. The project fee includes the demolition fee. Asbestos removal projects and demolition with an asbestos removal involving less than 10 linear feet or 48 square feet may be filed as project category #3. An emergency asbestos project or demolition may be requested by checking the appropriate job size category in boxes #2-6 and then checking the applicable emergency box in category #7. Emergency asbestos project notifications must be submitted with a letter from the property owner explaining the necessity for the emergency. Emergency demolition notifications must be submitted with a letter from an authorized government official or a licensed structural engineer documenting that the structure is in imminent danger of collapse. To request an alternative means of compliance for friable or nonfriable materials, check the appropriate job size category in addition to the applicable box in categories #8 and #9. A work plan must be submitted by an appropriately trained individual along with the notification.

Box I. Sign the notification certifying the accuracy and completeness of the information provided on the form.

Box J. Enter demolition contractor mailing information (on back).

Mandatory amendments are required for changes that increase the project type, job size category, the types of asbestos materials removed and work schedule changes. No fee is required for work schedule changes if the contractor is participating in the Agency schedule fax program. A \$50.00 processing fee is required for all other amendments.

For technical assistance, contact SCAPCA at 477-4727.

WASTE SHIPMENT RECORD

1. Work site name & mailing address:		Owner's name: Telephone No.:	
2. Operator's name and address:		Telephone No.:	
3. Disposal site name: Mailing address: Physical site address: Telephone No.:		Graham Road Recycling & Disposal Facility 1820 South Graham Road, Medical Lake, WA 99022 Same (509) 244-0151 Fax No.: (509) 244-0207	
4. Name and address of responsible agency: Spokane County Air Pollution Control Authority 1101 West College Avenue, Suite 403, Spokane, WA 99201		Telephone No.: (509) 477-4727	
5. Description of Materials:	6. Containers: No.: Type:	7. Total Quantity Cubic Yards:	
8. Special handling instructions and additional information:			
9. Operators Certification: I hereby certify that the above listed material(s), is (are) not hazardous waste as defined by 40 CFR part 261 or any applicable state law. I hereby declare that the contents of this consignment are full and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for Transport by highway according to applicable international and government regulations. Printed/typed name & title: _____ Signature: _____ Date: _____			
10. Transporter 1 (Acknowledgment of receipt of materials) Printed/typed name & title: _____ Address & Telephone No.: _____ Signature: _____ Date: _____			
11. Transporter 2 (Acknowledgment of receipt of materials) Printed/typed name & title: _____ Address & Telephone No.: _____ Signature: _____ Date: _____			
12. Discrepancy indication space:			
13. Disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12. Printed/typed name & title: _____ Signature: _____ Date: _____			

INSTRUCTIONS
Asbestos Waste Shipment Record Form

Waste Generator Section (1-9)

1. Enter the name of the facility at which asbestos waste is generated and the address where the facility is located. In the appropriate spaces, also enter the name of the owner of the facility and the owner's phone number.
2. If a demolition or renovation, enter the name and address of the company and authorized agent responsible for performing the asbestos removal. In the appropriate spaces, also enter the phone number of the operator.
3. Enter the name, address and physical site location of the waste disposal site (WDS) that will be receiving the asbestos materials. In the appropriate spaces, also enter the phone number of the WDS. Enter "on-site" if the waste will be disposed of on the generator's property.
4. Provide the name and address of the local, State or EPA regional office responsible for administering the asbestos NESHEP program.
5. Indicate the types of asbestos waste materials generated. If from a demolition or renovation, indicate the amount of asbestos that is;
 - Friable asbestos material
 - Nonfriable asbestos material
6. Enter the number of containers used to transport the asbestos materials listed in item 5. Also enter one of the following container codes used in transporting each type of asbestos material (specify any other type of container used if not listed below):
 - DM - Metal drums, barrels
 - DP - Plastic drums, barrels
 - BA - 6mil plastic bags or wrapping
7. Enter the quantities of each type of asbestos material removed in units of cubic meters (cubic yards).
8. Use this space to indicate special transportation, treatment, storage or disposal or Bill of Lading information. If alternate waste disposal site is designed, note it here. Emergency responses telephone numbers of similar information may be included here.
9. The authorized agent of the waste generator must read and then sign and date this certification. The date is the date of receipt by transporter.

NOTE: The waste generator must retain a copy of this form.

Transporter Section (Items 10, 10a & 11)

- 10, 10a Enter name, address and telephone number of each transporter used and transfer station, if applicable. Print or type the full name and title of person accepting responsibility and acknowledging receipt of materials as listed on this waste shipment
- & 11. record for transport. Enter date if receipt and signature.
12. The authorized representative of the WDS must note in this space any discrepancy between waste described on the manifest and waste actually received as well as any improperly enclosed or contained waste any rejected materials should be listed as destination of those materials provided. A site that converts asbestos containing waste material to non-asbestos material is considered a WDS.
13. The signature (by hand) of the authorized WDS agent indicates acceptance and agreement with statements on this manifest except as noted in item 12. The date is the date of signature and receipt of shipment.

NOTE: The WDS must retain a completed copy of this form. The WDS must also send a completed copy of this form. The WDS must also send a completed copy to the operator listed in item 12.

**TAXPAYER'S CLAIM FOR REDUCTION OF ASSESSMENTS AND THE ABATEMENT OF
TAXES RESULTING FROM DESTROYED REAL OR PERSONAL PROPERTY
OR LOSS OF VALUE IN A DECLARED DISASTER AREA**

Chapter 84.70 RCW

NOTICE: This claim for reduction of assessments and for the abatement of taxes shall be filed with the county assessor within three (3) years of the date of destruction or loss of value.

This is to notify you that I hereby claim relief under the provision of Chapter 84.70 RCW and petition for adjustment in the applicable assessment or tax roll and for the applicable abatement of taxes.

Taxpayer _____

Property Address _____

Mailing Address
(if different) _____

Phone No. _____

- ☐ Real Property
(includes all mobile/manufactured/modular homes)
- ☐ Commercial Property
- ☐ Personal Property

Parcel No. _____

Legal description: _____

Description of property destroyed: _____

Date of destruction
(mm/dd/yyyy): _____

Date of re-entry (mm/dd/yyyy): _____

Cause: _____

Date Signed: _____

Taxpayer Signature: _____

ASSESSOR'S USE ONLY

Claim: ☐ Qualifies

☐ Does not qualify because _____

CLAIM NO. _____

ASSESSOR'S DETERMINATION OF NEW ASSESSED VALUE FOR DESTROYED PROPERTY

**** APPLICABLE TAX YEARS ****

1. True and fair value of property prior to destruction:	\$ _____	\$ _____	\$ _____
2. True and fair value of remaining property :	\$ _____	\$ _____	\$ _____
3. Total amount of reduction in value (line 1 - line 2):	\$ _____	\$ _____	\$ _____
4. Number of remaining days in year from date of destruction _____ + 365 = _____			
Amount of reduction (Line 3 x Line 4)	\$ _____	\$ _____	\$ _____

I hereby certify my determination of the amount of reduction for the applicable assessment years as shown above.

DATE _____

ASSESSOR or AGENT _____

Explain briefly the reason for the refund claim:

Destroyed Property Claim No: _____

STATEMENT BY TAXPAYER

I hereby state that the contents of the foregoing petition are true and correct to the best of my knowledge and belief, and request that the said tax be refunded in conformity with this petition.

02/25/04
TAXPAYER / AGENT
THIS SECTION ONLY

Date

Signature of Taxpayer or Agent

(Title)

Address

City, State, Zip

DETERMINATION BY COUNTY ASSESSOR

After due consideration of the facts contained in the taxpayer's signed petition, knowing them to be true and accurate, I have determined that the request for refund be:

- ☐ **Approved** and the County Treasurer is authorized to make a refund.
- ☐ **Denied** because the claim does not qualify under RCW 84.69.020 or RCW 84.60.050 for the following reason:

Date

County Assessor

CERTIFICATION BY COUNTY TREASURER

After due consideration of the facts contained in the taxpayer's signed petition and the decision of the County Assessor, I have determined that the request for refund be:

- ☐ **Approved** and I am refunding the following amount, \$ _____, plus applicable interest at the amount specified in RCW 84.69.100 from the date of collection of the portion refundable.
- ☐ **Denied** because the claim does not qualify under RCW 84.69.020 or RCW 84.60.050 for the following reason:

Date

County Treasurer

For tax assistance, visit <http://dor.wa.gov> or call (800) 647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 486-2342. Teletype (TTY) users may call (800) 451-7985.



Snohomish County

Public Works

Solid Waste Management

2930 Wetmore Ave., Suite 101, Everett, WA 98201 - (425) 388-3425

Transaction Receipt

Driver's Signature:

Disposal Site & Area North County Recycling		Vehicle ID. AE9770S		Date 02/13/04		Transaction No. NC960349	
Customer CASH CUSTOMER		Number 2000		Vehicle Type 12 PICKUP/VAN (NET OVER 360L)			
1967 K.T Trailer				Material Type 20 MIXED CONSTRUCTION AND DE			
WEIGH IN		WEIGH OUT		NET TONS			
Time 1:45	Gross Tons 1.41	Site Attendant 12:15	Time 1:45	Gross Tons 1.41	Site Attendant 12:15	NET TONS 1.41	
Rate per ton		Fee		1.41		TOTAL	
Rate per cu. yd.		Tax		40.57		Collected	
State refuse tax		Charges				Change Due	
Other charges		TOTAL		Cash		Outstanding Balance	
Remittance type							

112-48



Snohomish County

Public Works

Solid Waste Management

2930 Wetmore Ave., Suite 101, Everett, WA 98201 - (425) 388-3425

Transaction Receipt

Driver's Signature:

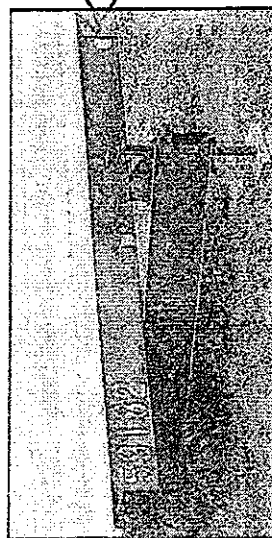
Disposal Site & Area North County Recycling		Vehicle ID. AE9770S		Date 02/10/04		Transaction No. NC959587	
Customer CASH CUSTOMER		Number 2000		Vehicle Type 50 TRAILER			
1967 KIT TRAILER				Material Type 20 MIXED CONSTRUCTION AND DE			
WEIGH IN		WEIGH OUT		NET TONS			
Time 3:46	Gross Tons 5.45	Site Attendant 08120	Time 14:59	Gross Tons 4.00	Site Attendant 08101	NET TONS 1.45	
Rate per ton \$ 89.00		Fee		129.05		TOTAL	
Rate per cu. yd.		Tax		4.65		Collected	
State refuse tax		Charges		133.70		Change Due	
Other charges		TOTAL		Cash		Outstanding Balance	
Remittance type							

Comments:
Transfer station now open at Cathcart.

How do I locate the serial number?

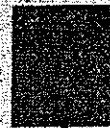
This number is stamped into the front steel cross-member of the home chassis by the manufacturer, and is different from the HUD label. The home's skirting may need to be removed to allow access to this serial number. Include ALL the letters and numbers of the serial number in your request.

Front Steel Cross Member of the Chassis on the Frame



Is this the only place the serial number can be located?

No. This information can also be found on the data plate if it is still with the home. The data plate is an 8 1/2 by 11 inch document mounted inside your home, with several maps of the United States on it, and various other bits of information about the construction of your home.



If I have a HUD certification label, and I want to verify its accuracy or find out more about my home (such as the date of manufacture or the manufacturer's name), what should I do?

Follow the same procedure as you would to request a verification letter from IBTS. Call (703)481-2010, e-mail "labels@ibts.org" or go to www.ibts.org.

Where can I get information about the Manufactured Housing Program?

For information on the HUD Manufactured Housing Program, you may access HUD's website at <http://www.hud.gov/offices/hsg/sfh/mhs/mhshome.cfm>; your state's website; the Manufactured Housing Institute at www.mfghome.org; or our own website at www.ibts.org.

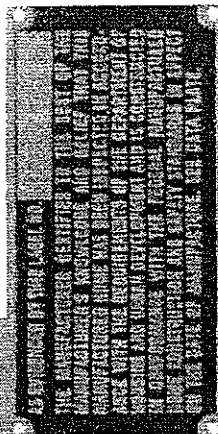
IBTS's address:

Institute for Building Technology and Safety, Inc.
505 Huntmar Park Drive, Suite 250
Herndon, VA 20170

IBTS is a not-for-profit organization, and this service is being provided to homeowners, insurance and lending institutions, and other interested parties.

Printed February 2004

HUD Certification Label Missing?



You may need the label for:

Loans
Sale
Insurance
Relocation
Appraisal
Utility Connections
Zoning Inspections

IBTS can help:
(703)481-2010
www.ibts.org
or labels@ibts.org

What is the HUD certification label?

The HUD (United States Department of Housing and Urban Development) certification label is a red metal label affixed to a manufactured home by the home's original manufacturer. The HUD certification label, commonly referred to as the HUD label, exists as proof that your house was constructed under the Federal Manufactured Housing Program administered by HUD.

Why is the HUD certification label important?

It identifies the home as having been constructed in accordance with HUD Standards and Procedures, for manufactured homes. This label distinguishes your manufactured home from a modular home or recreational vehicle. The label is needed for various purposes, including the sale, refinancing or moving of your home.

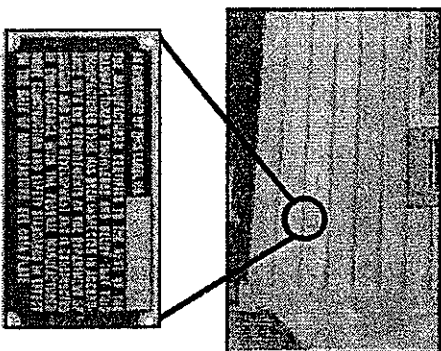
Who needs this information?

Some typical examples include:

- * Local Building/Zoning/Tax Officials
- * Realtors
- * Appraisers
- * Lending Institutions
- * FHA
- * Utility Companies
- * Insurance Companies
- * Home Communities/Parks

Where do I find the label on my home?

The HUD label is a red metal plate intended to be permanently attached on the exterior of a manufactured home, near the rear of each section. A two-section (double-wide) home will have two separate labels.



If the siding has to be removed from my home, what should I do with the label?

If for unavoidable reasons the label must be removed from its permanent location, please safeguard it and keep it with your other important documents.

Note: lenders and appraisers may still require a letter of verification.

One or more HUD certification labels are missing from my home! What can I do?

Don't panic! A missing label can't be replaced, but you may request, for a nominal fee, a verification letter from our office that has been accepted by all parties in lieu of a label. IBTS has created a comprehensive electronic database recording all reported and distributed HUD certification labels since June 15, 1976.

How can I get a verification letter?

You need to obtain a request form by calling (703)481-2010 or by going to our website, www.ibts.org. A verification letter can be issued by IBTS when homeowners provide identifying information concerning their homes. At a minimum, you must have available either the HUD certification label number or the manufacturer and age of your home with the complete serial number, as pictured below. (This number may be either vertical or horizontal.)

